1.0 Description of the Service

Podiatry is the surgical, medical, or mechanical treatment of ailments of the human foot and ankle, and their related soft tissue structure to the level of the myotendinous junction. Excluded from the definition of podiatry is the amputation of the entire foot, the administration of an anesthetic, other than a local anesthetic, and surgical correction of clubfoot of an infant two years of age or less.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 Special Provisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness or a condition identified through a screening examination. While there is no requirement that the service, product or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. § 1396d(a). Service limitations on scope, amount or frequency described in this coverage policy do not apply if the product, service or procedure is medically necessary.

The Division of Medical Assistance's policy instructions pertaining to EPSDT are available online at http://www.dhhs.state.nc.us/dma/prov.htm.

2.3 Recipients with Medicaid for Pregnant Women

Podiatry services for recipients with Medicaid for Pregnant Women (MPW) coverage are limited to medical conditions related to pregnancy or complications of pregnancy. Refer to **Section 5.1** for service requirements.

3.0 When the Service is Covered

3.1 General Criteria

Medicaid covers podiatry services when:

1. the service is medically necessary.
2. the service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs.
3. the service can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide.
4. the service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker or the provider.

4.0 When the Service is Not Covered

4.1 General Criteria

Podiatry services are not covered when:

1. the recipient does not meet the eligibility requirements listed in **Section 2.0.**
2. the recipient does not meet the medical necessity criteria listed in **Section 3.0**.
3. the procedure duplicates another provider's procedure.
4. the procedure is experimental, investigational or part of a clinical trial.

4.2 Routine Foot Care

Routine foot care is not covered except as indicated in Clinical Coverage Policy #1C-2, ***Medically Necessary Routine Foot Care***.

4.2.1 Curettement

Curettement procedures or shaving of lesions are not covered except as indicated in Clinical Coverage Policy #1C-2, ***Medically Necessary Routine Foot Care***.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval for podiatry services is not required except as indicated below.

5.1.1 Prior Approval for Recipients with Medicaid for Pregnant Women Coverage

Prior approval for podiatry services is required for recipients with MPW coverage to document medical necessity for services related to pregnancy or due to complications of pregnancy. Prior approval is obtained using the Medicaid Request for Prior Approval Form 372-118.

6.0 Providers Eligible to Bill for the Service

Providers who meet Medicaid's qualifications for participation and are currently enrolled with the N.C. Medicaid program are eligible to bill for medically necessary routine foot care when the procedures are within the scope of their practice.

7.0 Additional Requirements

Medical record documentation must support the services rendered.

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8.0 Policy Implementation/Revision Information

Original Effective Date:

Revision Information:

Date	Section Revised	Change

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Attachment A: Claims Related Information

Reimbursement requires compliance with all Medicaid guidelines including obtaining appropriate referrals for recipients enrolled in Medicaid Managed Care programs.

A. Claim Type

Podiatrists, physicians and nurse practitioners enrolled in the N.C. Medicaid program bill services on the CMS-1500 claim form.

B. Diagnosis Codes

Providers must bill the appropriate ICD-9-CM diagnosis code that supports medical necessity. Diagnostic codes must be billed at their highest level of specificity.

C. Procedure Codes

Providers must bill the appropriate CPT codes which accurately describe the services rendered. CPT codes must be billed to the highest level of specificity. For example: the destruction of plantar warts must be billed with CPT procedure codes 17000, 17003, 17004.

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Place of Service

Podiatry services may be performed in the following places:

Place of Service Code	Description
03	School
05	Indian Health Service Free-Standing Facility
06	Indian Health Service Provider based Facility
11	Office
12	Home (private residence)
21	Inpatient hospital
22	Outpatient Hospital
23	Emergency Room-Hospital
24	Ambulatory surgery Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
33	Custodial Care Facility
34	Hospice
50	Federally Qualified Health Center (FQHC)
51	Inpatient Psychiatric Facility
52	Psychiatric Treatment Facility-Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility (ICF)
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Stage Renal Disease Treatment Facility
71	State or Local Health Department Clinic/Public Health Clinic
72	Rural Health Clinic

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F. Reimbursement

Providers must bill usual and customary charges.

G. Copayments

Podiatry services are subject to a $3.00 copayment for office visits for recipients age 21 and over. For additional information on copayments and copayment exemptions, refer to the ***Basic Medicaid Billing Guide*** on DMA's website at http://www.dhhs.state.nc.us/dma/medbillcaguide.htm.